

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Massachusetts Republican Party

ADDRESS (number and street)

85 Merrimac St.

Suite 400

Boston

MA

02114

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00042622

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
06 01 2013

through

M M M / D D D / Y Y Y Y Y Y
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brent Andersen

Signature of Treasurer

Brent Andersen

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 09 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Massachusetts Republican Party

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
06		01		2013

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div>Y Y Y Y Y 2013</div>		<div>572711.74</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>419484.07</div>	
(c) Total Receipts (from Line 19)	<div>768123.88</div>	<div>1735348.99</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>1187607.95</div>	<div>2308060.73</div>
7. Total Disbursements (from Line 31).....	<div>967431.57</div>	<div>2087884.35</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>220176.38</div>	<div>220176.38</div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Massachusetts Republican Party

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 06 / 01 / 2013

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2013
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

100950.21

200116.68

(ii) Unitemized

60511.47

130553.05

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

161461.68

330669.73

(b) Political Party Committees

(c) Other Political Committees

(such as PACs).....

2500.00

13550.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

163961.68

344329.73

12. Transfers From Affiliated/Other

Party Committees.....

604162.20

1385354.33

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

5664.93

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

17. Other Federal Receipts

(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

(b) Levin Funds (from Schedule H5)

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

 19. Total Receipts (add Lines 11(d),
 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

768123.88

1735348.99

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

768123.88

1735348.99

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures	244020.67	712570.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	244020.67	712570.59
22. Transfers to Affiliated/Other Party Committees.....		119083.10
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	191190.88	191190.88
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	478518.52	880018.52
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	2261.21	5412.68
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	2261.21	5412.68
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds	46440.29	174608.58
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	46440.29	174608.58
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	967431.57	2087884.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	967431.57	2087884.35

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	163961.68	344329.73
34. Total Contribution Refunds (from Line 28(d))	2261.21	5412.68
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	161700.47	338917.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	244020.67	712570.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5664.93
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	244020.67	706905.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. DR. PETER XAVIER ADAMS

Mailing Address 55 1ST STREET UNIT 206

City
PELHAM

State Zip Code
NY 10803

FEC ID number of contributing
federal political committee.

C

Name of Employer

MESOBlast, INC

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2013

Transaction ID : SA11.201164

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. ROBERT ARMENTANO

Mailing Address 100 WEST AIRPORT RD

City
STILLWATER

State Zip Code
OK 74075

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOTAL ENERGY CORP

Occupation

PRESIDENT AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11.201692

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CHRISTINA BAIN

Mailing Address 22 RAYMOND STREET

City
MANCHESTER

State Zip Code
MA 01944

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS REPUBLICAN PARTY

Occupation

POLITICAL STAFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / 28 / 2013

Transaction ID : SA11.M7.0002

Amount of Each Receipt this Period

413.77

IN-KIND: MEETING SUPPLIES

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1163.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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PAGE 7 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. CHARLES BAKER

Mailing Address 49 MONUMENT AVE

City

SWAMPSCOTT

State

MA

Zip Code

01907

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERAL CATALYST PARTNERS

Occupation

EXECUTIVE IN RESIDENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200634

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. DAVID C. BAKKE

Mailing Address 4931 N. SOLDIER TR

City

TUCSON

State

AZ

Zip Code

85749

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 20 / 2013

Transaction ID : SA11.201687

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. MICHAEL JOSEPH BATAL III

Mailing Address 45 FOREST AVENUE

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

KEMNAY

Occupation

INVESTMENT MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 11 / 2013

Transaction ID : SA11.201043

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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PAGE 8 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. BARRY BAUSANO

Mailing Address 139 EAST 79TH STREET

City
NEW YORK

State Zip Code
NY 10075

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEUTSCHE BANK SECURITIES, INC.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 11 / 2013

Transaction ID : SA11.201082

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KAYLA BERUBE

Mailing Address 60 ELMWOOD ST.

City
MILLBURY

State Zip Code
MA 01527

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASSACHUSETTS REPUBLICAN PARTY

Occupation
POLITICAL STAFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

841.15

Date of Receipt

06 / 28 / 2013

Transaction ID : SA11.M7.0003

Amount of Each Receipt this Period

841.15

IN-KIND: MEETING SUPPLIES

Full Name (Last, First, Middle Initial)

C. MRS. ANN R. BLACKHAM

Mailing Address 60 SWAN RD

City
WINCHESTER

State Zip Code
MA 01890

FEC ID number of contributing
federal political committee.

C

Name of Employer
COLDWELL BANKER

Occupation
REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11.201784

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2841.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. DR. DAVID L. BLACK

Mailing Address 819 PLANTATION BLVD.

City

GALLATIN

State

TN

Zip Code

37066

FEC ID number of contributing
federal political committee.

C

Name of Employer

AEGIS SCIENCES CORPORATION

Occupation

C.E.O.

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2013

Transaction ID : SA11.200636

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. BRUCE BONNER

Mailing Address 5 HIGHFIELDS

City

WYALAND

State

MA

Zip Code

01778

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2013

Transaction ID : SA11.201586

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. ROBERT D. BRACE

Mailing Address 20 LONGWOOD DR
#276

City

WESTWOOD

State

MA

Zip Code

02090

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 05 / 2013

Transaction ID : SA11.200791

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

5550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 10 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. AMYCLAIRE BRUSCH

Mailing Address 1391 PENNSYLVANIA AVE SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

O'NEILL AND ASSOCIATES

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 12 / 2013

Transaction ID : SA11.201228

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. JOHN J. BURNS

Mailing Address 448 WEST ROAD

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 21 / 2013

Transaction ID : SA11.201825

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. JOHN G.L. CABOT

Mailing Address 1 TUCKS POINT RD

City

MANCHESTER

State

MA

Zip Code

01944

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2013

Transaction ID : SA11.201322

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. ANDREW CADER

Mailing Address 70 METTING HOUSE ROAD

City State Zip Code
MOUNT KISCO NY 10549

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2013

Transaction ID : SA11.202037

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. TED . CALLETON

Mailing Address 301 CHURCHILL ROAD

City State Zip Code
SIERRA MADRE CA 91024

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 15 / 2013

Transaction ID : SA11.201477

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JOHN CALNAN

Mailing Address 60 TURNERS WAY

City State Zip Code
NORWELL MA 02061

FEC ID number of contributing
federal political committee.

C

Name of Employer

J. CALNAN & ASSOCIATES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 07 / 2013

Transaction ID : SA11.200970

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. WILLIAM CAREY

Mailing Address 986 SEA VIEW AVE

 City State Zip Code
 OSTERVILLE MA 02655

FEC ID number of contributing federal political committee.

C

Name of Employer

CAREY REALTY

Occupation

SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2013

Transaction ID : SA11.200622

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILLIAM CHIP

Mailing Address 2700 35TH PLACE NW

 City State Zip Code
 WASHINGTON DC 20007

FEC ID number of contributing federal political committee.

C

Name of Employer

COVINGTON & BURLING

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 18 / 2013

Transaction ID : SA11.201546

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. FREDERIC M. CLIFFORD

Mailing Address PO BOX 188A

 City State Zip Code
 DUXBURY MA 02331

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 06 / 05 / 2013

Transaction ID : SA11.200881

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. KENNETH DAHL, JR

Mailing Address 511 613TH AVE

City
SABULA

State Zip Code
IA 52070

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2013

Transaction ID : SA11.201140

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. DAVID DEARBORN

Mailing Address 16 BEAVER POND RD

City
BEVERLY

State Zip Code
MA 01915

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200857

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARY G. DESIMONE

Mailing Address P.O. BOX 406

City
SWAMPSCOTT

State Zip Code
MA 01907

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200917

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. THOMAS J. DESIMONE

Mailing Address P.O. BOX 406

City

SWAMPSCOTT

State

MA

Zip Code

01907

FEC ID number of contributing
federal political committee.

C

Name of Employer

WS DEVELOPMENT ASSOCIATION

Occupation

REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200916

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT ANDREW DOBSKI

Mailing Address 14 WORTHINGTON CT.

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FAST-FOOD FRANCHISEE OWNER/OPERAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11.201739

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JIM VINCENT EARLEY

Mailing Address 20381 BARENTS SEA CIRCLE

City

LAKE FOREST

State

CA

Zip Code

92630

FEC ID number of contributing
federal political committee.

C

Name of Employer

PREMIER MAGNETICS

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11.201865

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. AMBASSADOR CHRISTOPHER EGAN

Mailing Address 116 FLANDERS RD

City State Zip Code
 WESTBOROUGH MA 01581

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CARRUTH CAPITAL

Occupation
 PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11.202019

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JEANNE ESLER

Mailing Address 10 POINT WAY

City State Zip Code
 SUTTON MA 01590

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HOMEMAKER

Occupation
 HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200711

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. J. STEPHEN FLANAGAN

Mailing Address 48 KENNETH RD

City State Zip Code
 MARBLEHEAD MA 01945

FEC ID number of contributing
federal political committee.

C

Name of Employer
 SELF

Occupation
 SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : SA11.201346

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

15250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. EUGENE M. FREEDMAN

Mailing Address 63 SYLVAN LN

City
WESTON

State Zip Code
MA 02493

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200798

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MICHAEL ALLAN FRISBIE

Mailing Address 7793 EAST HIWAY 4

City
GYPSUM

State Zip Code
KS 67448

FEC ID number of contributing
federal political committee.

C

Name of Employer

FRISBIE CONSTRUCTION CO ,INC

Occupation

PRESIDENT-CHAIRMAN OF BOARD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : SA11.200717

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BRAD GERSTNER

Mailing Address ONE INTERNATIONAL PLACE

City
BOSTON

State Zip Code
MA 02110

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALTIMETER CAPITAL

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11.201669

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. JAY GONSALVES

Mailing Address 28 RANDALL ROAD

City

ROCHESTER

State

MA

Zip Code

02770

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11.201279

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. MURRAY H. GOODMAN

Mailing Address 911 N. OCEAN BLVD.

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE GOODMAN CO.

Occupation

COMMERCIAL REAL ESTATE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 13 / 2013

Transaction ID : SA11.201418

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. KINGDON C. GOULD JR.

Mailing Address 7861 MURRAY HILL ROAD

City

LAUREL

State

MD

Zip Code

20723

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11.201286

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MRS. C M. GREEN

Mailing Address 33 LADUE TERRACE

City

ST. LOUIS

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2013

Transaction ID : SA11.201891

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. THOMAS HAZEN

Mailing Address 20 BAYON DR
APT. 130

City

SOUTH HADLEY

State

MA

Zip Code

01075

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11.201764

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. BERNHARD HEERSINK

Mailing Address 281 HIGH ST

City

NEWBURYPORT

State

MA

Zip Code

01950

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

06 / 13 / 2013

Transaction ID : SA11.201431

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. ROBERT HELM

Mailing Address 12064 OPEN RUN ROAD

City State Zip Code
 ELLICOTT CITY MD 21042

FEC ID number of contributing
federal political committee.

C

Name of Employer

DECHERT LLP

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11.201948

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROSS HEMMINGER

Mailing Address 29 FURBUSH ROAD

City State Zip Code
 WEST ROXBURY MA 02132

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS REPUBLICAN PARTY

Occupation

POLITICAL STAFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.08

Date of Receipt

06 / 27 / 2013

Transaction ID : SA11.M7.0004

Amount of Each Receipt this Period

265.08

IN-KIND: MEETING SUPPLIES

Full Name (Last, First, Middle Initial)

C. THOMAS R. HOLMES

Mailing Address 444 GULF OF MEXICO DRIVE

City State Zip Code
 LONGBOAT KEY FL 34228

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 18 / 2013

Transaction ID : SA11.201637

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

765.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. KIRSTEN HUGHES

Mailing Address 116 WILLOW AVENUE

City State Zip Code
 QUINCY MA 02170

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MASSACHUSETTS REPUBLICAN PARTY

Occupation
 CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11.M7.0005

Amount of Each Receipt this Period

108.59

IN-KIND: MOBILE PHONE EXPENSE

Full Name (Last, First, Middle Initial)

B. ROBERT A. JOHNSON

Mailing Address 107 VWOODKIRK LANE

City State Zip Code
 CHAPEL HILL NC 27514

FEC ID number of contributing
federal political committee.

C

Name of Employer
 RETIRED

Occupation
 RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 12 / 2013

Transaction ID : SA11.201199

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MS. NANCY S. KELLEHER

Mailing Address 47 CROOKED LANE

City State Zip Code
 DUXBURY MA 02332

FEC ID number of contributing
federal political committee.

C

Name of Employer
 HOMEMAKER

Occupation
 HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11.201772

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

858.59

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. JOHN KOSOWSKY

Mailing Address 85 WILLOUGHBY ROAD

City
SHELTONState Zip Code
CT 06484FEC ID number of contributing
federal political committee.

C

Name of Employer
J. ALLEN KOSOWSKY, CPA, PCOccupation
CPA/BOARD DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2013

Transaction ID : SA11.201683

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. FRANK W. KOZEL

Mailing Address 560 EPSILON DRIVE

City
PITTSBURGHState Zip Code
PA 15238FEC ID number of contributing
federal political committee.

C

Name of Employer
KEYSTONE ENERGY GAS & OILOccupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 26 / 2013

Transaction ID : SA11.202034

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DENNIS J. LANGWELL

Mailing Address ONE CHARLES STREET SOUTH
UNIT 15GCity
BOSTONState Zip Code
MA 02116FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY MUTUALOccupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 13 / 2013

Transaction ID : SA11.201429

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. ROBERT A. LAWRENCE

Mailing Address 10 LONGWOOD DR
SUITE 124

City WESTWOOD State MA Zip Code 02090

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200836

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. THOMAS J. LITLE IV

Mailing Address 900 CHELMSFORD ST

City LOWELL State MA Zip Code 01851

FEC ID number of contributing
federal political committee.

C

Name of Employer

LITLE AND CO.

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 06 / 2013

Transaction ID : SA11.200714

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SALIM A. LOTUFF III

Mailing Address P.O. BOX 371

City SHREWSBURY State MA Zip Code 01545

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200804

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. PAUL A. MACDONALD

Mailing Address 1170 EVELYN MAE WAY

City

KNOXVILLE

State

TN

Zip Code

37923

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROYAL BRASS & HOSE

Occupation

VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200691

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. MICHAEL HOLT MASSEY

Mailing Address 85 MERRIMAC ST
SUITE 501

City

BOSTON

State

MA

Zip Code

02114

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSEY & CO., LLC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

06 / 14 / 2013

Transaction ID : SA11.201472

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. DAVID MEEK

Mailing Address 560 DIAMOND POINT

City

OAK POINT

State

TX

Zip Code

75068

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLG LLC

Occupation

BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 19 / 2013

Transaction ID : SA11.201672

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. DENA MEEK

Mailing Address 560 DIAMOND POINT

City State Zip Code
OAK POINT TX 75068

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : SA11.200910

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LINDA J. MORGAN

Mailing Address 495 MONUMENT STREET

City State Zip Code
CONCORD MA 01742

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 18 / 2013

Transaction ID : SA11.201623

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. THOMAS B. O'HANLAN

Mailing Address 100 EDGE MONT AVE

City State Zip Code
LIBERTY SC 29657

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEALEVEL SYSTEMS INC

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 22 / 2013

Transaction ID : SA11.201858

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. TIM POLLOCK

Mailing Address 107 NEW LANDERS DR

City State Zip Code
 POWDER SPRINGS GA 30127

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MORRIS, MANNING & MARTIN, LLP

Occupation
 ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 11 / 2013

Transaction ID : SA11.201018

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SEAN POWERS

Mailing Address PO BOX 850263

City State Zip Code
 BRAINTREE MA 02185

FEC ID number of contributing
federal political committee.

C

Name of Employer
 MASSACHUSETTS REPUBLICAN PARTY

Occupation
 POLITICAL STAFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.88

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 14 / 2013

Transaction ID : SA11.M7.0001

Amount of Each Receipt this Period

383.88

IN-KIND: EMPLOYEE BENEFITS

Full Name (Last, First, Middle Initial)

C. MR. HAROLD I. PRATT

Mailing Address 1010 MEMORIAL DR
 #9A

City State Zip Code
 CAMBRIDGE MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
 NICHOLS & PRATT, LLP

Occupation
 PRIVATE TRUSTEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 04 / 2013

Transaction ID : SA11.200768

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1133.88

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. JAMES M. REDFERN

Mailing Address 37 CONANT ST

City

BRIDGEWATER

State

MA

Zip Code

02324

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	5		2	0	1	3		

Transaction ID : SA11.200862

Amount of Each Receipt this Period

139.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GIL ROBINSON

Mailing Address 5150 BROADWAY #610

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	4		2	0	1	3		

Transaction ID : SA11.201427

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. RICHARD M. ROSENBERGMailing Address 955 GREEN STREET
UNIT 5

City

SAN FRANCISCO

State

CA

Zip Code

94133

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	1		2	0	1	3		

Transaction ID : SA11.201792

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

889.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MIKE SABLOFF

Mailing Address 8 KYMBERLY DRIVE

City
BOONTON

State
NJ

Zip Code
07005

FEC ID number of contributing
federal political committee.

C

Name of Employer

JP MORGAN

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 17 / 2013

Transaction ID : SA11.201525

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ELIZABETH A. SAMPSON

Mailing Address 8 SHEFFIELD RD

City
WINCHESTER

State
MA

Zip Code
01890

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11.201790

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MS. MARION SCANIO

Mailing Address 4022 OCEAN DRIVE

City
CORPUS CHRISTI

State
TX

Zip Code
78411

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

06 / 07 / 2013

Transaction ID : SA11.201285

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MARK SHEA

Mailing Address 11 E GREENWICH RD

City
LONGMEADOW

State Zip Code
MA 01106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 06 / 2013

Transaction ID : SA11.201324

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILLIAM G. STEWART

Mailing Address BOX 159

City
STEVENSON

State Zip Code
MD 21153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ASSET STRATEGY CONSULTANTS

INVESTMENT CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11.200647

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WILLIAM G. STEWART

Mailing Address BOX 159

City
STEVENSON

State Zip Code
MD 21153

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ASSET STRATEGY CONSULTANTS

INVESTMENT CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 24 / 2013

Transaction ID : SA11.201968

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MELANIE STURM

Mailing Address P.O. BOX 410

City
ASPEN

State Zip Code
CO 81612

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 12 / 2013

Transaction ID : SA11.201176

Amount of Each Receipt this Period

350.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. W. JAMES TOZER JR.

Mailing Address 550 PARK AVENUE, APT 4B

City
NEW YORK

State Zip Code
NY 10065

FEC ID number of contributing
federal political committee.

C

Name of Employer

VECTRA MANAGEMENT GROUP

Occupation

MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 23 / 2013

Transaction ID : SA11.201890

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. SCOTT M. TURNER

Mailing Address 3455 ELMWOOD AVENUE

City
ROCHESTER

State Zip Code
NY 14610

FEC ID number of contributing
federal political committee.

C

Name of Employer

NIXON PEABODY LLP

Occupation

LAW FIRM PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 12 / 2013

Transaction ID : SA11.201133

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. WILLIAM M. VALA

Mailing Address 1275 GEARY RD

City
CANTRALL

State Zip Code
IL 62625

FEC ID number of contributing
federal political committee.

C

Name of Employer

CCSI

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 11 / 2013

Transaction ID : SA11.201044

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. EDWARD THOMAS VEAL

Mailing Address 3000 NORTH SHERIDAN ROAD, APT. 2C

City
CHICAGO

State Zip Code
IL 60657

FEC ID number of contributing
federal political committee.

C

Name of Employer

STEPTOE & JOHNSON LLP

Occupation

LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 08 / 2013

Transaction ID : SA11.200965

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. FRITZ E. VON MERING

Mailing Address 50 ROBINHOOD ROAD

City
WINCHESTER

State Zip Code
MA 01890

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 13 / 2013

Transaction ID : SA11.201424

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 101

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. LEONARD D. WEAVER JR.

Mailing Address 6146 MEADOW LAKE

City
HOUSTON

State Zip Code
TX 77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

MANAGEMENT CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 17 / 2013

Transaction ID : SA11.201530

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. WILLIAM WEISS

Mailing Address 298 MAPLE ST

City
FRANKLIN

State Zip Code
MA 02038

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENERAL DYNAMICS C4 SYSTEMS

Occupation

VP & GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 09 / 2013

Transaction ID : SA11.200967

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MR. STEPHEN M. WELD JR.

Mailing Address 267 ADAMS ST

City
MILTON

State Zip Code
MA 02186

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

Transaction ID : SA11.200781

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 101

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. DR. JAMES M. WELLS

Mailing Address 208 PROFESSIONAL CIRCLE

City	State	Zip Code
MOREHEAD CITY	NC	28557

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	12	/	2013

Transaction ID : SA11.201219

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MR. WILLIAM L. WILSON

Mailing Address 1111 HORIZON DRIVE

City	State	Zip Code
GRAND JUNCTION	CO	81506

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

MINING EXPLORATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	10	/	2013

Transaction ID : SA11.201403

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BRIAN WYNNE

Mailing Address 21 OLD CHIMNEY ROAD

City	State	Zip Code
RANDOLPH	NJ	07869

FEC ID number of contributing
federal political committee.

C

Name of Employer

MASSACHUSETTS REPUBLICAN PARTY

Occupation

POLITICAL STAFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	26	/	2013

Transaction ID : SA11.M7.0006

Amount of Each Receipt this Period

148.74

IN-KIND: OFFICE SUPPLIES

SUBTOTAL of Receipts This Page (optional)..... ►

5398.74

TOTAL This Period (last page this line number only)..... ►

100950.21

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 101

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. FMR LLC PAC

Mailing Address 82 DEVONSHIRE STREET

City
BOSTON

State
MA

Zip Code
02109

FEC ID number of contributing
federal political committee.

C C00215046

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / **07** / **2013**

Transaction ID : SA11.200969

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 101

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. TISEI CONGRESSIONAL COMMITTEE

Mailing Address 932 LYNNFIELD ST

City State Zip Code
 LYNNFIELD MA 01940

FEC ID number of contributing
federal political committee.

C C00506170

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

06 / 12 / 2013

Transaction ID : SA12.M7.0001

Amount of Each Receipt this Period

6000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GOMEZ VICTORY 2013

Mailing Address C/O RED CURVE SOLUTIONS
 138 CONANT STREET, FIRST FLOOR

City State Zip Code
 BEVERLY MA 01915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

17162.20

Date of Receipt

06 / 05 / 2013

Transaction ID : SA12.M7.0005

Amount of Each Receipt this Period

17162.20

CONTRIBUTION

JFC TRANSFER - SEE MEMO ENTRIES

Full Name (Last, First, Middle Initial)

C. JUSTINE M. CARR

Mailing Address 935 HAMMOND ST

City State Zip Code
 CHESTNUT HILL MA 02467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED PER BEST EFF

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA12.M7.0008

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

[MEMO ITEM]

JFC TRANSFER - GOMEZ VICTORY 2013

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

23162.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 101

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MARK J. GIRARD

Mailing Address 3 CROWN WAY

City

MARBLEHEAD

State

MA

Zip Code

01945

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7400.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA12.M7.0006

Amount of Each Receipt this Period

7400.00

CONTRIBUTION

[MEMO ITEM]

JFC TRANSFER - GOMEZ VICTORY 2013

Full Name (Last, First, Middle Initial)

B. JAMES E. KARAM

Mailing Address 119 MEADOWBROOK LANE

City

WESTPORT

State

MA

Zip Code

02790

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST

EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFF

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA12.M7.0011

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

[MEMO ITEM]

JFC TRANSFER - GOMEZ VICTORY 2013

Full Name (Last, First, Middle Initial)

C. JEFFREY T. KARAM

Mailing Address 37 DUDLEY ST

City

FALL RIVER

State

MA

Zip Code

02720

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA12.M7.0009

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

[MEMO ITEM]

JFC TRANSFER - GOMEZ VICTORY 2013

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 OF 101

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. ARTHUR PATTERSON

Mailing Address 428 UNIVERSITY AVENUE

City State Zip Code
PALO ALTO CA 94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACCEL PARTNERS

Occupation

VENTURE CAPITALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7400.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA12.M7.0007

Amount of Each Receipt this Period

7400.00

CONTRIBUTION

[MEMO ITEM]

JFC TRANSFER - GOMEZ VICTORY 2013

Full Name (Last, First, Middle Initial)

B. JOSHUA PUTTER

Mailing Address 135 HILLCREST ROAD

City State Zip Code
NEEDHAM MA 02492

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST
EFFORTS

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA12.M7.0010

Amount of Each Receipt this Period

2400.00

CONTRIBUTION

[MEMO ITEM]

JFC TRANSFER - GOMEZ VICTORY 2013

Full Name (Last, First, Middle Initial)

C. MRS. BRENDA MURPHY

Mailing Address 519 BLACKJACK OAK

City State Zip Code
SHAVANO PARK TX 78230

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1781.87

Date of Receipt

06 / 27 / 2013

Transaction ID : SA12.202021

Amount of Each Receipt this Period

1781.87

CONTRIBUTION

[MEMO ITEM]

REQUESTED REATTRIBUTION OF 2012
CONTRIBUTION FROM SPOUSE - 2012
AGGREGATE REFLECTED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 101

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. MR. JOE MURPHY

Mailing Address 519 BLACKJACK OAK

City State Zip Code
SHAVANO PARK TX 78230

FEC ID number of contributing
federal political committee.

C

Name of Employer

MURPHY TOMATOES

Occupation

SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1781.88

Date of Receipt

06 / 27 / 2013

Transaction ID : SA12.202022

Amount of Each Receipt this Period

-1781.87

CONTRIBUTION

[MEMO ITEM]

REQUESTED REATTRIBUTION OF 2012
CONTRIBUTION TO SPOUSE - 2012 AGGREGATE
REFLECTED

Full Name (Last, First, Middle Initial)

B. NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address 425 2ND ST NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C C00027466

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800000.00

Date of Receipt

06 / 03 / 2013

Transaction ID : SA12.M7.0002

Amount of Each Receipt this Period

400000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing
federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307321.00

Date of Receipt

06 / 12 / 2013

Transaction ID : SA12.M7.0003

Amount of Each Receipt this Period

39000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

439000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 OF 101

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. REPUBLICAN NATIONAL COMMITTEE

Mailing Address 310 FIRST STREET, SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307321.00

Date of Receipt

06 / **12** / **2013**

Transaction ID : SA12.M7.0004

Amount of Each Receipt this Period

142000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

142000.00

604162.20

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. MIKE SULLIVAN FOR U.S. SENATE

Date of Disbursement

Transaction ID : SB21.M7.0082

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

2159.05

B. SCOTT AHERN

Date of Disbursement

MM / DD / YYYY

City	State	Zip Code
DUXBURY	MA	02332

Transaction ID : SB21.M7.0105

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period



1010.68

C. MARISSA AKERS

Date of Disbursement

City	State	Zip Code
ATTLEBORO	MA	02703

Transaction ID : SB21.M7.0106

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....

5669.73

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. KAYLA BERUBE

Category/
Type

229.90

State: District:

Three 16-bit registers are shown, each with a 4-bit address above and a 12-bit value below. The first register has address 'M M' and value '06'. The second register has address 'D D' and value '20'. The third register has address 'Y Y Y Y' and value '2013'.

B. RYAN COLEMAN

Category/
Type

119.35

State: District:

C. TAYLOR HAULSEE

Category/
Type

145.04

State: District:

494.29

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. TAYLOR HAULSEE



Mailing Address 85 MERRIMAC STREET
SUITE 400

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement	TRAVEL
-------------------------	--------

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21.M7.0113

Amount of Each Disbursement this Period

51.03

B. TAYLOR HAULSEE

Mailing Address 85 MERRIMAC STREET
SUITE 400

City	State	Zip Code
BOSTON	MA	02114

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Transaction ID : SB21.M7.0114

Amount of Each Disbursement this Period

261.45

C. ROSS HEMMINGER

Mailing Address 29 FURBUSH ROAD

City	State	Zip Code
WEST ROXBURY	MA	02132

Purpose of Disbursement
IN-KIND: MEETING SUPPLIES

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Transaction ID : SB21.M7.0115

Amount of Each Disbursement this Period

265.08

SUBTOTAL of Disbursements This Page (optional).....

577.56

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. ROSS HEMMINGER

Mailing Address 29 FURBUSH ROAD

City	State	Zip Code
WEST ROXBURY	MA	02132

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2013

Transaction ID : SB21.M7.0116

Amount of Each Disbursement this Period

549.73

Full Name (Last, First, Middle Initial)

B. ROSS HEMMINGER

Mailing Address 29 FURBUSH ROAD

City	State	Zip Code
WEST ROXBURY	MA	02132

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : SB21.M7.0117

Amount of Each Disbursement this Period

995.61

Full Name (Last, First, Middle Initial)

C. KIRSTEN HUGHES

Mailing Address 116 WILLOW AVENUE

City	State	Zip Code
QUINCY	MA	02170

Purpose of Disbursement
IN-KIND: MOBILE PHONE EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2013

Transaction ID : SB21.M7.0118

Amount of Each Disbursement this Period

108.59

SUBTOTAL of Disbursements This Page (optional).....▶

1653.93

TOTAL This Period (last page this line number only).....▶

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. KEVIN O'SHEA

Category/
Type

918.18

State: District:

B. KEVIN O'SHEA

Category/
Type

294.55

State: District:

C. KEVIN O'SHEA

Category/
Type

175.80

State: District:

1388.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 101

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. SEAN POWERS

Mailing Address PO BOX 850263

City BRAintree State MA Zip Code 02185

Purpose of Disbursement
IN-KIND: EMPLOYEE BENEFITS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013
Transaction ID : SB21.M7.0122

Amount of Each Disbursement this Period

383.88

Full Name (Last, First, Middle Initial)

B. SEAN POWERS

Mailing Address PO BOX 850263

City BRAintree State MA Zip Code 02185

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013
Transaction ID : SB21.M7.0123

Amount of Each Disbursement this Period

241.00

Full Name (Last, First, Middle Initial)

C. NICHOLAS PETER TSIMORTOSMailing Address 432 MAIN STREET
APARTMENT 4

City MEDFIELD State MA Zip Code 02052

Purpose of Disbursement
FIELD CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013
Transaction ID : SB21.M7.0124

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1724.88

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. NICHOLAS PETER TSIMORTOS

Category/
Type

2200.00

State: District:

B. JOSEPH WALSH

Category/
Type

1820.00

State: District:

C. BRIAN WYNNE

Category/
Type

148.74

State: District:

4168.74

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. BRIAN WYNNE

Mailing Address 21 OLD CHIMNEY ROAD

City	State	Zip Code
RANDOLPH	NJ	07869

Transaction ID : SB21.M7.0128

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
B. 1&1 INTERNET INC.

Date of Disbursement

MM / DD / YYYY

Mailing Address 701 LEE ROAD
STE 300

City	State	Zip Code
CHESTERBROOK	PA	19087

Transaction ID : SB21.M7.0001

Purpose of Disbursement	
WEBSITE SERVICES	

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.99

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
C. 51 WATER STREET, LLC

Date of Disbursement

06 / 28 / 2013

Mailing Address 93 UNION STREET
SUITE 315

City	State	Zip Code
NEWTON CENTRE	MA	02459

Transaction ID : SB21.M7.0002

Purpose of Disbursement	
RENT & UTILITIES	

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10000.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

10030.99

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. AMERICAN EXPRESS MERCHANT SERVICES

Date of Disbursement

Transaction ID : SB21.M7.0003

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Category	Percentage
Very satisfied	199.61
Not very satisfied	0

B. AMERICAN EXPRESS MERCHANT SERVICES

Date of Disbursement

Transaction ID : SB21.M7.0004

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

7.95

C. AUTHORIZE.NET

Date of Disbursement

Transaction ID : SB21.M7.0005

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

15.00

222.56

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. AUTHORIZE.NET

Date of Disbursement

Transaction ID : SB21.M7.0006

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

20.00

State: District:

Full Name (Last, First, Middle) _____

B. BANK OF AMERICA

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21.M7.0007

Amount of Each Disbursement this Period

Age Group	Number of people
13-17	1.00
18-24	2.00
25-34	3.00
35-44	4.00
45-54	5.00
55-64	6.00
65-74	7.00
75-84	8.00
85+	9.00

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Full Name (Last, First, Middle) _____

C. BANK OF AMERICA

Date of Disbursement

Transaction ID : SB21.M7.0008

Amount of Each Disbursement this Period

Age Group	Number of people
13-17	10
18-24	15
25-34	20
35-44	25
45-54	20
55-64	15
65-74	10
75-84	5
85+	2

Candidate Name

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75-84	40.00
85+	57.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 101

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 05 2013**Transaction ID : SB21.M7.0009**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 05 2013**Transaction ID : SB21.M7.0010**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 12 2013**Transaction ID : SB21.M7.0011**

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

49.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 101

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 12 / 2013**Transaction ID : SB21.M7.0012**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2013**Transaction ID : SB21.M7.0013**

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2013**Transaction ID : SB21.M7.0014**

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

Transaction ID : SB21.M7.0018

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : SB21.M7.0019

Amount of Each Disbursement this Period

25.00

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICAMailing Address 100 NORTH TRYON ST
STE 220

City CHARLOTTE State NC Zip Code 28202

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2013

Transaction ID : SB21.M7.0020

Amount of Each Disbursement this Period

25.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

75.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. BOWDITCH & DEWEY, LLP

Mailing Address ONE INTERNATIONAL PLACE

City
BOSTONState
MAZip Code
02110Purpose of Disbursement
LEGAL CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2013

Transaction ID : SB21.M7.0027

Amount of Each Disbursement this Period

6350.00

Full Name (Last, First, Middle Initial)

B. BUILD-A-BEAR WORKSHOP

Mailing Address 1954 INNERBELT BUSINESS CENTER DRI

City
SAINT LOUISState
MOZip Code
63114Purpose of Disbursement
DONOR MEMENTOS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		07		2013

Transaction ID : SB21.M7.0028

Amount of Each Disbursement this Period

56.31

Full Name (Last, First, Middle Initial)

C. BYTEBULB

Mailing Address PO BOX 2216

City
HANOVERState
MAZip Code
02339Purpose of Disbursement
WEBSITE HOSTING & SUPPORT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2013

Transaction ID : SB21.M7.0029

Amount of Each Disbursement this Period

361.50

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6767.81

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. CAFE RUSTICO

Date of Disbursement



Transaction ID : SB21.M7.0030

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

B. CAMBRIDGE OFFSET PRINTING

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21.M7.0031

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

244.60

C. CATERING WITH DISTINCTION

Date of Disbursement

Transaction ID : SB21.M7.0032

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

642.00

1016.60

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. CHARLESTOWN SELF STORAGEMailing Address 50 TERMINAL ST
BLDG 1

City CHARLESTOWN State MA Zip Code 02129

Purpose of Disbursement
STORAGE UNIT RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2013

Transaction ID : SB21.M7.0033

Amount of Each Disbursement this Period

327.00

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
COMPLIANCE & DATA MANAGEMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2013

Transaction ID : SB21.M7.0034

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL ROAD
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement
EMAIL FUNDRAISING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2013

Transaction ID : SB21.M7.0035

Amount of Each Disbursement this Period

1539.08

SUBTOTAL of Disbursements This Page (optional)..... ►

2816.08

TOTAL This Period (last page this line number only)..... ►

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

Category/
Type

781.50

State: District:

MM / DD / YYYY

Category/
Type

504.03

State: District:

Category/
Type

526.90

State: District:

1812.43

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. DYNAMIC SOLUTIONS

Category/
Type

9500.00

State: District:

B. DYNAMIC SOLUTIONS

Category/
Type

20758.74

State: District:

C. DYNAMIC SOLUTIONS

Category/
Type

12000.00

State: District:

42258.74

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. DYNAMIC SOLUTIONS

Category/
Type

11601.75

State: District:

B. ELAVON

MM / DD / YYYY

Category/
Type

330.67

State: District:

C. FEDEX

Category/
Type

23.54

State: District:

11955.96

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 64 OF 101

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. FEDEX

Mailing Address P.O. BOX 371461

City PITTSBURG State PA Zip Code 15250

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2013
Transaction ID : SB21.M7.0051

Amount of Each Disbursement this Period

23.33

B. FEDEX

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 371461

City PITTSBURG State PA Zip Code 15250

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013
Transaction ID : SB21.M7.0052

Amount of Each Disbursement this Period

9.55

C. FEDEX

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 371461

City PITTSBURG State PA Zip Code 15250

Purpose of Disbursement
DELIVERY SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2013
Transaction ID : SB21.M7.0053

Amount of Each Disbursement this Period

23.33

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

56.21

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. FEDEX

Three credit cards are shown side-by-side, each with a different number displayed in the center. The first card shows '06', the second shows '10', and the third shows '2013'. Above each number are small, stylized letters: 'M M' for the first, 'D D' for the second, and 'Y Y Y Y' for the third. The cards are separated by slashes.

City	State	Zip Code
PITTSBURG	PA	15250

Purpose of Disbursement
DELIVERY SERVICES

Category/
Type

43.33

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

B. FEDEX

City	State	Zip Code
PITTSBURG	PA	15250

Purpose of Disbursement
DELIVERY SERVICES

Category/
Type

26.83

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. FEDEX

City	State	Zip Code
PITTSBURG	PA	15250

Purpose of Disbursement

DELIVERY SERVICES

Category/
Type

55.48

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

125.64

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

23.33

06 / 24 / 2013

25.07

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

M M / D D / Y Y Y Y
06 26 2013

23.33

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	71.73

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. FLS CONNECT

Category/
Type

Age Group	Number of people
13-17	~100
18-24	869.01
25-34	~200
35-44	~150
45-54	~100
55-64	~50
65-74	~20
75-84	~10
85+	~5

State: District:

B. GEN X CONSULTING DEAN CAVARETTA

Category/
Type

4000.00

State: District:

C. HALFTIME PIZZA

Category/
Type

80.00

State: District:

4949.01

[illegible]

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 69 OF 101

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. HALFTIME PIZZA

Mailing Address 115 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 13 / 2013
Transaction ID : SB21.M7.0066

Amount of Each Disbursement this Period

72.55

B. HALFTIME PIZZA

Full Name (Last, First, Middle Initial)

Mailing Address 115 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 20 / 2013
Transaction ID : SB21.M7.0067

Amount of Each Disbursement this Period

77.90

C. HALFTIME PIZZA

Full Name (Last, First, Middle Initial)

Mailing Address 115 CAUSEWAY STREET

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
MEETING EXPENSE: MEALS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 24 / 2013
Transaction ID : SB21.M7.0068

Amount of Each Disbursement this Period

41.60

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

192.05

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. HEALTH SERVICES ADMINISTRATOR

Date of Disbursement

Transaction ID : SB21.M7.0069

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

393.27

B. ICONTACT CORP

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21.M7.0070

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Number of People
13-17	149.00
18-24	135.00
25-34	125.00
35-44	115.00
45-54	105.00
55-64	95.00
65-74	85.00
75-84	75.00
85+	65.00

C. INTUIT INC.

Date of Disbursement

Transaction ID : SB21.M7.0071

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

42.45

SUBTOTAL of Disbursements This Page (optional).....

584.72

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 71 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. JCI CONSULTING

Mailing Address 46 HALL AVE

City
WATERTOWNState
MAZip Code
02472Purpose of Disbursement
FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	14	/	2013

Transaction ID : SB21.M7.0072

Amount of Each Disbursement this Period

10737.60

Full Name (Last, First, Middle Initial)

B. KONICA MINOLTA PREMIER FINANCE

Mailing Address P.O. BOX 790448

City
ST LOUISState
MOZip Code
63179Purpose of Disbursement
EQUIPMENT LEASE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	08	/	2013

Transaction ID : SB21.M7.0073

Amount of Each Disbursement this Period

1954.46

Full Name (Last, First, Middle Initial)

C. KONICA MINOLTA PREMIER FINANCE

Mailing Address P.O. BOX 790448

City
ST LOUISState
MOZip Code
63179Purpose of Disbursement
EQUIPMENT LEASE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2013

Transaction ID : SB21.M7.0074

Amount of Each Disbursement this Period

1112.20

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13804.26

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. KONICA MINOLTA PREMIER FINANCE

Mailing Address P.O. BOX 790448

City
ST LOUISState
MOZip Code
63179Purpose of Disbursement
EQUIPMENT LEASE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	17	/	2013

Transaction ID : SB21.M7.0075

Amount of Each Disbursement this Period

977.23

Full Name (Last, First, Middle Initial)

B. LAKESIDE VISTA LLC

Mailing Address P.O. BOX 2037

City
WAKEFIELDState
MAZip Code
01880Purpose of Disbursement
RENT & UTILITIES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2013

Transaction ID : SB21.M7.0076

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. MERCHANT BANKCARDMailing Address 1700 N DIXIE HWY
STE 125City
BOCA RATONState
FLZip Code
33432Purpose of Disbursement
MERCHANT FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	04	/	2013

Transaction ID : SB21.M7.0077

Amount of Each Disbursement this Period

61.40

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2538.63

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. METRO CAB OF BOSTON

Mailing Address 120 BRAINTREE STREET

City	State	Zip Code
ALLSTON	MA	02134

Purpose of Disbursement
TRAVEL: GROUND TRANSPORTATION

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21.M7.0081

Amount of Each Disbursement this Period

16.20

Full Name (Last, First, Middle Initial)

B. O'BRIEN COMMUNICATIONS, INC.

Mailing Address PO BOX 659

City	State	Zip Code
WRENTHAM	MA	02093

Purpose of Disbursement
EQUIPMENT MAINTENANCE: TELEPHONES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21.M7.0083

Amount of Each Disbursement this Period

120.00

Full Name (Last, First, Middle Initial)

C. OX-EYE PROPERTIES

Mailing Address 117 S. 14TH ST., #300

City	State	Zip Code
RICHMOND	VA	23219

Purpose of Disbursement

RENT & UTILITIES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21.M7.0084

Amount of Each Disbursement this Period

4434.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

4570.20

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Massachusetts Republican Party

A. OX-EYE PROPERTIES

Category/
Type

4434.00

State: District:

B. OX-EYE PROPERTIES

Category/
Type

5093.26

State: District:

C. PICOSOS PEANUT COMPANY

Category/
Type

50.86

State: District:

9578.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 77 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. SCM ASSOCIATES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	14	/	2013

Mailing Address 1283 MAIN ST
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name

Category/
Type**Transaction ID : SB21.M7.0091**

Amount of Each Disbursement this Period

2566.95

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. SCM ASSOCIATES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Mailing Address 1283 MAIN ST
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name

Category/
Type**Transaction ID : SB21.M7.0092**

Amount of Each Disbursement this Period

1401.40

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. SCM ASSOCIATES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2013

Mailing Address 1283 MAIN ST
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name

Category/
Type**Transaction ID : SB21.M7.0093**

Amount of Each Disbursement this Period

41043.58

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

45011.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. SCM ASSOCIATES, INC.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	5			2	0	1	3		

Mailing Address 1283 MAIN ST
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement
DIRECT MAIL FUNDRAISING

Candidate Name

Category/
Type**Transaction ID : SB21.M7.0094**

Amount of Each Disbursement this Period

6886.57

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. STANDARD PARKING CORPORATION

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	4			2	0	1	3		

Mailing Address 900 NORTH MICHIGAN AVENUE
SUITE 1600

City CHICAGO State IL Zip Code 60611

Purpose of Disbursement
PARKING SPACE RENTAL

Candidate Name

Category/
Type**Transaction ID : SB21.M7.0095**

Amount of Each Disbursement this Period

2100.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. STAPLES, INC.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	4			2	0	1	3		

Mailing Address DEPT BOS
PO BOX 415256

City BOSTON State MA Zip Code 02241

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type**Transaction ID : SB21.M7.0096**

Amount of Each Disbursement this Period

60.81

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9	0	4	7	.	3	8
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 79 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. STAPLES, INC.

Mailing Address PO BOX 689020

City	State	Zip Code
DES MOINES	IA	50368

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		12		2013

Transaction ID : SB21.M7.0097

Amount of Each Disbursement this Period

99.42

Full Name (Last, First, Middle Initial)

B. STAPLES, INC.

Mailing Address PO BOX 689020

City	State	Zip Code
DES MOINES	IA	50368

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		10		2013

Transaction ID : SB21.M7.0098

Amount of Each Disbursement this Period

939.84

Full Name (Last, First, Middle Initial)

C. STAPLES, INC.

Mailing Address 500 STAPLES DRIVE

City	State	Zip Code
FRAMINGHAM	MA	01702

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2013

Transaction ID : SB21.M7.0099

Amount of Each Disbursement this Period

57.34

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1096.60

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 81 OF 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. VERIZON

Mailing Address PO BOX 15124

City	State	Zip Code
ALBANY	NY	12212

Purpose of Disbursement
BROADBAND SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2013

Transaction ID : SB21.M7.0103

Amount of Each Disbursement this Period

862.41

Full Name (Last, First, Middle Initial)

B. WUFOOMailing Address 12157 W LINBAUGH AVE
PMB 327

City	State	Zip Code
TAMPA	FL	33626

Purpose of Disbursement
WEBSITE HOSTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		04		2013

Transaction ID : SB21.M7.0104

Amount of Each Disbursement this Period

14.95

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

877.36

244020.67

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. CHRISTINA BAIN

Mailing Address 22 RAYMOND STREET

City MANCHESTER	State MA	Zip Code 01944
--------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2013

Transaction ID : SB28.M7.0002

Amount of Each Disbursement this Period

413.77

Full Name (Last, First, Middle Initial)

B. KAYLA BERUBE

Mailing Address 60 ELMWOOD ST.

City MILLBURY	State MA	Zip Code 01527
------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2013

Transaction ID : SB28.M7.0003

Amount of Each Disbursement this Period

841.15

Full Name (Last, First, Middle Initial)

C. ROSS HEMMINGER

Mailing Address 29 FURBUSH ROAD

City WEST ROXBURY	State MA	Zip Code 02132
----------------------	-------------	-------------------

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		27		2013

Transaction ID : SB28.M7.0004

Amount of Each Disbursement this Period

265.08

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1520.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 84 OF 101

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. SEAN POWERS

Mailing Address PO BOX 850263

City BRAintree State MA Zip Code 02185

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
 06 / 14 / 2013

Transaction ID : SB28.M7.0006

Amount of Each Disbursement this Period

383.88

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

383.88

1903.88

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 85 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. SCOTT AHERN

Mailing Address 1400 TREMONT STREET

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0009

Amount of Each Disbursement this Period

1089.61

Full Name (Last, First, Middle Initial)

B. SCOTT AHERN

Mailing Address 1400 TREMONT STREET

City	State	Zip Code
DUXBURY	MA	02332

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2013

Transaction ID : SB30.M7.0010

Amount of Each Disbursement this Period

1089.61

Full Name (Last, First, Middle Initial)

C. CAROLINE ALCOCKMailing Address 85 MERRIMAC STREET
SUITE 400

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2013

Transaction ID : SB30.M7.0011

Amount of Each Disbursement this Period

1384.62

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3563.84

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 86 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. CAROLINE ALCOCKMailing Address 85 MERRIMAC STREET
SUITE 400

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0012

Amount of Each Disbursement this Period

1384.62

Full Name (Last, First, Middle Initial)

B. CHRISTINA BAIN

Mailing Address 22 RAYMOND STREET

City MANCHESTER State MA Zip Code 01944

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0013

Amount of Each Disbursement this Period

573.62

Full Name (Last, First, Middle Initial)

C. KAYLA BERUBE

Mailing Address 60 ELMWOOD ST.

City MILLBURY State MA Zip Code 01527

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0014

Amount of Each Disbursement this Period

1089.61

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3047.85

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. TIMOTHY BUCKLEYMailing Address 85 MERRIMAC STREET
SUITE 400

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2013

Transaction ID : SB30.M7.0015

Amount of Each Disbursement this Period

1923.07

Full Name (Last, First, Middle Initial)

B. TIMOTHY BUCKLEYMailing Address 85 MERRIMAC STREET
SUITE 400

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0016

Amount of Each Disbursement this Period

1923.07

Full Name (Last, First, Middle Initial)

C. RYAN COLEMAN

Mailing Address 771 EAST 5TH ST. APT. 1

City BOSTON State MA Zip Code 02127

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0017

Amount of Each Disbursement this Period

1417.52

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5263.66

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. RYAN COLEMAN

Mailing Address 771 EAST 5TH ST. APT. 1

City
BOSTONState
MAZip Code
02127Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2013

Transaction ID : SB30.M7.0018

Amount of Each Disbursement this Period

1417.52

Full Name (Last, First, Middle Initial)

B. JOSEPH DOIRONMailing Address 85 MERRIMAC STREET
SUITE 400City
ACTONState
MAZip Code
01720Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2013

Transaction ID : SB30.M7.0019

Amount of Each Disbursement this Period

1538.47

Full Name (Last, First, Middle Initial)

C. JOSEPH DOIRONMailing Address 85 MERRIMAC STREET
SUITE 400City
ACTONState
MAZip Code
01720Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : SB30.M7.0020

Amount of Each Disbursement this Period

1538.47

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4494.46

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 89 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. TAYLOR HAULSEEMailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0021

Amount of Each Disbursement this Period

1089.61

Full Name (Last, First, Middle Initial)

B. TAYLOR HAULSEEMailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2013

Transaction ID : SB30.M7.0022

Amount of Each Disbursement this Period

1089.61

Full Name (Last, First, Middle Initial)

C. ROSS HEMMINGER

Mailing Address 29 FURBUSH ROAD

City WEST ROXBURY State MA Zip Code 02132

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0023

Amount of Each Disbursement this Period

1065.09

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3244.31

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. NATE LITTLEMailing Address 85 MERRIMAC STREET
SUITE 400

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2013

Transaction ID : SB30.M7.0024

Amount of Each Disbursement this Period

3	4	6	1	.	5	3
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. NATE LITTLEMailing Address 85 MERRIMAC STREET
SUITE 400

City ACTON State MA Zip Code 01720

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0025

Amount of Each Disbursement this Period

3	4	6	1	.	5	3
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. KEVIN O'SHEA

Mailing Address 34 HOLLIS ST

City MILTON State MA Zip Code 02186

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0026

Amount of Each Disbursement this Period

1	0	8	9	.	6	1
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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8	0	1	2	.	6	7
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3	4	6	1	.	5	3
---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. KEVIN O'SHEA

Mailing Address 34 HOLLIS ST

City MILTON	State MA	Zip Code 02186
----------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2013

Transaction ID : SB30.M7.0027

Amount of Each Disbursement this Period

1089.61

Full Name (Last, First, Middle Initial)

B. SEAN POWERSMailing Address 85 MERRIMAC STREET
SUITE 400

City ACTON	State MA	Zip Code 01720
---------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2013

Transaction ID : SB30.M7.0028

Amount of Each Disbursement this Period

1620.00

Full Name (Last, First, Middle Initial)

C. SEAN POWERSMailing Address 85 MERRIMAC STREET
SUITE 400

City ACTON	State MA	Zip Code 01720
---------------	-------------	-------------------

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0029

Amount of Each Disbursement this Period

1620.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4329.61

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 92 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. PATRICK SCHOFIELDMailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0030

Amount of Each Disbursement this Period

561.99

Full Name (Last, First, Middle Initial)

B. ROBERT VAINSHTEINMailing Address 85 MERRIMAC STREET
SUITE 400

City BOSTON State MA Zip Code 02114

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2013

Transaction ID : SB30.M7.0031

Amount of Each Disbursement this Period

629.52

Full Name (Last, First, Middle Initial)

C. DAPA RESEARCH, INC.

Mailing Address ONE CENTRAL ROAD

City LYNNFIELD State MA Zip Code 01940

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2013

Transaction ID : SB30.M7.0001

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7191.51

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. GRAY MEDIA, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2013

Mailing Address ONE WALNUT STREET

City	State	Zip Code
BOSTON	MA	02108

Transaction ID : SB30.M7.0032Purpose of Disbursement
STRATEGY CONSULTING

Amount of Each Disbursement this Period

Candidate Name

GABRIEL E. GOMEZCategory/
Type

1500.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2013

☐ Primary ☐ General
☒ Other (specify) ▼

State: MA

District:

GENERAL

Full Name (Last, First, Middle Initial)

B. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2013

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Transaction ID : SB30.M7.0002Purpose of Disbursement
PAYROLL FEES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

34.50

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	19	/	2013

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Transaction ID : SB30.M7.0003Purpose of Disbursement
PAYROLL FEES

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

67.70

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1602.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 94 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		27		2013

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement
PAYROLL FEES

Candidate Name

Category/
Type**Transaction ID : SB30.M7.0004**

Amount of Each Disbursement this Period

91.95

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		05		2013

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type**Transaction ID : SB30.M7.0005**

Amount of Each Disbursement this Period

912.47

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. PAYRIGHT PAYROLL SERVICES, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2013

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type**Transaction ID : SB30.M7.0006**

Amount of Each Disbursement this Period

836.59

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1841.01

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 95 OF 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Full Name (Last, First, Middle Initial)

A. PAYRIGHT PAYROLL SERVICES, INC.

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : SB30.M7.0007

Amount of Each Disbursement this Period

2329.67

Full Name (Last, First, Middle Initial)

B. PAYRIGHT PAYROLL SERVICES, INC.

Mailing Address 468 GREAT ROAD

City	State	Zip Code
ACTON	MA	01720

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2013

Transaction ID : SB30.M7.0008

Amount of Each Disbursement this Period

1519.50

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3849.17

46440.29

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 101
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Massachusetts Republican Party	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00042622 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee ADVANTAGE, INC.		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 06 / 26 / 2013 </div>
Mailing Address 2300 CLARENDON BOULEVARD SUITE 1004		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 11989.68 </div>
City ARLINGTON State VA Zip Code 22201		
Purpose of Expenditure TELEMARKETING	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: GABRIEL GOMEZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) GENERAL

Transaction ID : SE24.M7.0001

Full Name (Last, First, Middle Initial) of Payee CAMPAIGN HOMEBANK LLC		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 06 / 19 / 2013 </div>
Mailing Address 1 WALNUT STREET 4TH FLOOR		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 16750.00 </div>
City BOSTON State MA Zip Code 02108		
Purpose of Expenditure TELEMARKETING	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: GABRIEL GOMEZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) GENERAL

Transaction ID : SE24.M7.0002

(a) SUBTOTAL of Itemized Independent Expenditures.....	28739.68
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BRENT ANDERSEN

Signature

[Electronically Filed]

Date

06 / 26 / 2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 97 OF 101
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Massachusetts Republican Party	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00042622 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name (Last, First, Middle Initial) of Payee CAMPAIGN HOMEBANK LLC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 1 WALNUT STREET 4TH FLOOR		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 27020.00 </div>
City BOSTON State MA Zip Code 02108	Transaction ID : SE24.M7.0003	
Purpose of Expenditure TELEMARKETING	Category/Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GABRIEL GOMEZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) GENERAL

Full Name (Last, First, Middle Initial) of Payee CAMPAIGN HOMEBANK LLC		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y </div>
Mailing Address 1 WALNUT STREET 4TH FLOOR		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;"> 4563.10 </div>
City BOSTON State MA Zip Code 02108		Transaction ID : SE24.M7.0004
Purpose of Expenditure TELEMARKETING	Category/Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: GABRIEL GOMEZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) GENERAL

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;">31583.10</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BRENT ANDERSEN

[Electronically Filed]

Date

Signature

M M M / D D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 98 OF 101
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Massachusetts Republican Party		FEC IDENTIFICATION NUMBER ▼ C C00042622	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGY, LLC			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address P.O. BOX 2192			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50000.00</div>	
City ARLINGTON	State VA	Zip Code 22202	Transaction ID : SE24.M7.0005	
Purpose of Expenditure TELEMARKETING		Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: GABRIEL GOMEZ			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">66750.00</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>GENERAL</u>	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGY, LLC			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>	
Mailing Address P.O. BOX 2192			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">75795.00</div>	
City ARLINGTON	State VA	Zip Code 22202	Transaction ID : SE24.M7.0006	
Purpose of Expenditure TELEMARKETING		Category/ Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: GABRIEL GOMEZ			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">169565.00</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>GENERAL</u>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">125795.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BRENT ANDERSEN

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 99 OF 101
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Massachusetts Republican Party	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00042622 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee CONNECTION STRATEGY, LLC		Date MM / DD / YYYY 06 / 26 / 2013	
Mailing Address P.O. BOX 2192		Amount 5073.10	
City ARLINGTON	State VA		
Purpose of Expenditure TELEMARKETING	Category/Type	Office Sought: <input type="checkbox"/> House State: MA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: GABRIEL GOMEZ			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) GENERAL	
186627.78		2013	

Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State		
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure:			
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5073.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	191190.88

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BRENT ANDERSEN

[Electronically Filed]

Signature

Date

MM / DD / YYYY
06 / 26 / 2013

SCHEDULE F (FEC Form 3X)
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 100 OF 101

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)

Massachusetts Republican Party

Has your committee been designated to make coordinated expenditures by a political party committee?

☐ YES ☒ NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City

State

ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

FLS CONNECT

Mailing Address 7300 HUDSON BLVD, SUITE 270

City

SAINT PAUL

State

MN

Zip Code

55128Name of Federal Candidate Supported
GABRIEL GOMEZ

Office Sought:

☐ House☒ Senate☐ PresidentialState: **MA**District: **00**Aggregate General Election
Expenditure for this Candidate ▶**801810.52****Transaction ID : SF25.M7.0001**Purpose of Expenditure
TELEMARKETING**000**Category/
Type

Date

06**10****2013**

Amount

310.52

Full Name (Last, First, Middle Initial) of Each Payee

ONMESSAGE, INC.

Mailing Address 815 SLATERS LANE

City

ALEXANDRIA

State

VA

Zip Code

22314Name of Federal Candidate Supported
GABRIEL GOMEZ

Office Sought:

☐ House☒ Senate☐ PresidentialState: **MA**District: **00**Aggregate General Election
Expenditure for this Candidate ▶**880018.52****Transaction ID : SF25.M7.0003**Purpose of Expenditure
MEDIA PLACEMENT**000**Category/
Type

Date

06**14****2013**

Amount

78208.00

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City

State

Zip Code

Name of Federal Candidate Supported

Office Sought:

☐ House☐ Senate☐ Presidential

State: _____

District: _____

Aggregate General Election
Expenditure for this Candidate ▶

Purpose of Expenditure

Category/
Type

Date

Amount

SUBTOTAL of Expenditures This Page (optional)..... ▶**78518.52****TOTAL** This Period (last page this line number only)..... ▶

SCHEDULE F (FEC Form 3X)
**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE 101 OF 101

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) Massachusetts Republican Party			
Has your committee been designated to make coordinated expenditures by a political party committee? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: REPUBLICAN NATIONAL COMMITTEE		Full Name of Subordinate Committee Mailing Address City _____ State _____ ZIP Code _____	

Full Name (Last, First, Middle Initial) of Each Payee ONMESSAGE, INC.		Purpose of Expenditure MEDIA PLACEMENT	<div style="border: 1px solid black; padding: 2px;">000</div> Category/Type
Mailing Address 815 SLATERS LANE		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;">06 / 04 / 2013</div>	
City ALEXANDRIA	State VA	Zip Code 22314	Amount <div style="border: 1px solid black; padding: 2px;">400000.00</div>
Name of Federal Candidate Supported GABRIEL GOMEZ	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: MA District: 00	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px;">801500.00</div> Transaction ID : SF25.M7.0002			

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<div style="border: 1px solid black; padding: 2px;"></div> Category/Type
Mailing Address		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;"></div>	
City	State	Zip Code	Amount <div style="border: 1px solid black; padding: 2px;"></div>
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px;"></div>			

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	<div style="border: 1px solid black; padding: 2px;"></div> Category/Type
Mailing Address		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px;"></div>	
City	State	Zip Code	Amount <div style="border: 1px solid black; padding: 2px;"></div>
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____	
Aggregate General Election Expenditure for this Candidate ► <div style="border: 1px solid black; padding: 2px;"></div>			

SUBTOTAL of Expenditures This Page (optional)..... ►		<div style="border: 1px solid black; padding: 2px;">400000.00</div>
TOTAL This Period (last page this line number only)..... ►		<div style="border: 1px solid black; padding: 2px;">478518.52</div>